

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101 569237** FILING DATE

APPLICANT(S)

Art. 19

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2		1		1		1	
3	2		2			1	
4	2		2			1	
5	2		2			1	
6	2		2			1	
7	1		1			1	
8	1		1			1	
9	1						
10	1						
11	1		1			1	
12	1		1			1	
13							
14	1		1			1	
15		1		1		1	
16		1		1		1	
17		1		1		1	
18							
19			4			1	
20			1			1	
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TOTAL IND.	1	1	2	2	2	2	
TOTAL DEP.	17	17	25	25	18	18	
TOTAL CLAIMS	18	18	27	27	20	20	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							